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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged. Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Hospital Corpsmen (HM) and Dental Technician (DT) designators are identified in front of their names.

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Headline: Training, teamwork of hospital corpsmen save Sailors' lives

By Earl W. Hicks, Bureau of Medicine and Surgery

WASHINGTON -- Hospital Corpsmen on the USS Blue Ridge (LCC 19) are, just as their rating is throughout the Navy, well-trained and dedicated to easing human suffering through routine care or emergency response.

The Blue Ridge hospital corpsmen's emergency training and professionalism was put to a difficult test in late August when during sea and anchor detail Seaman Steven Wright and Ensign Daniel Johnson, suffered traumatic injuries after

becoming entangled in lines connecting the ship to a tug boat. What had started as a routine port departure from Pusan, Korea, suddenly became a life or death situation for the two Sailors.

On the morning of the accident, Hospital Corpsman Marquita Culley was on the after main deck standing safety and medical watch with the sea and anchor detail. Responding immediately to the accident, Culley began applying first aid to the injured Sailors. 'Man Down' was called away and other hospital corpsmen arrived quickly to assist Culley.

"I believe teamwork was the key in keeping both crew members alive," she said. "We all worked very smoothly and broke into teams to take care of the injured on deck, stabilize their conditions and move them to medical for further treatment."

And teamwork was the theme through the devastating emergency. Hospital Corpsman Third Class Francisco Burgos was one of the first to arrive on deck along with Hospital Corpsman Second Class (SW) Brenda King to render aid.

"The [hospital] corpsmen broke into two teams. Each of us had a job to do and we focused on accomplishing that job," said Burgos.

He said that he and Culley kept the injured Sailors warm and talked to them as King controlled their bleeding. And as they worked, the medical response increased with the arrival of Senior Chief Hospital Corpsman (SW) Rey Dinulong and Chief Hospital Corpsman (SW/AW/FMF) Diane Proctor. As the team moved between the injured, someone checked breathing, someone else took care of fluids, and the emergency treatment continued with the hospital corpsmen working as a flawless unit.

Master Chief Hospital Corpsman Charles Bond (SW/FMF), who was also on deck providing care with his corpsmen, accompanied the injured Sailors on the helicopter flight from the ship to Pusan and then to Seoul, Korea. Bond gladly commented on how well his hospital corpsmen performed their duties during the emergency.

"I am very proud of my hospital corpsmen," he said. "Training did pay off that terrible day and [our response] was all about team work."

Not only were the injured Sailors cared for, but the medical team also thought about the Sailors on deck who had witnessed the tragedy. A counseling center was established in the chaplain's office, where Lt. Gary Walker, DC; Dental Technician First Class (SW) Darwin Pitts; Dental Technician Third Class Rodney Smith and Dental Technician Ray Guerrero assisted the chaplain and responded to medical needs.

Johnson and Wright eventually arrived at Walter Reed Army Medical Center where they are now undergoing physical therapy. Johnson lost both his legs and Wright lost one foot in the accident. Their therapy will include prosthetic device fitting and training.

Later details of that morning onboard the Blue Ridge

revealed that Wright is probably alive today because of the quick action of Johnson, who was serving as safety officer during the sea and anchor detail. He spotted Wright entangled in the lines to the tug and ran to his aid to help free him from being pulled over the side or killed by the lines. In his attempt to save Wright, Johnson experienced his injuries. For his quick actions and devotion to duty, Johnson was awarded the Navy and Marine Corps Medal.

"Within fifteen or twenty seconds of calling away "Man down" all the [hospital] corpsmen were on the scene and were helping me," Johnson said. "Their response was amazing. I can't say enough about how they helped us out. [They] got us into the sick bay as quickly as they could. [They] tried to do everything they could to make sure we were stabilized and make sure we were as comfortable as we could be."

Wright, who had been aboard ship for about a year, said that he was also glad he was treated by hospital corpsmen who knew what they were doing.

"Good job," was how he briefly described the medical team's response. "They got my mind off the pain and kept me calm."

Capt. Matthew Nathan, MC, Seventh Fleet surgeon, who was also at the scene of the accident, said the hospital corpsmen jumped right in -- quickly assessed the injured Sailors' breathing and circulation, stopped the bleeding, administered pain medication and prepared the men for litters.

"Everyone followed their training, knew their job and performed it with determination and compassion," Nathan said. "On this day, the U.S. Navy hospital corpsmen made the difference."

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Headline: Defense leaders stand firm on anthrax shot program
By Linda D. Kozaryn, American Forces Press Service

WASHINGTON -- They offered no options -- the lives of their Soldiers, Sailors, Marines and Airmen are not negotiable. Their message was clear: Anything less than DoD's mandatory anthrax vaccination program is unacceptable. Senior military leaders recently delivered that firm message to Congress. Late September hearings were held because of congressional concerns about the impact on military readiness of service members refusing vaccinations. These concerns were fueled by controversial reports, many of them sprouting up on small Internet sites, that claim DoD's vaccine is untested and dangerous.

Deputy Defense Secretary John J. Hamre testified on the issue Sept. 30 before the Military Personnel Subcommittee of the House Armed Services Committee. He was followed by U.S. Marine Corps Gen. Anthony Zinni, commander, U.S. Central Command and Lt. Gen. Ronald E. Blanck, MC, surgeon general of the Army. The Army is the immunization program executive agent.

Hamre stressed that DoD's Anthrax Vaccine Immunization Program, implemented in March 1998, is a vital part of the military's force protection strategy. Over the next seven years, the department plans to immunize 2.4 million active duty and reserve component personnel against the threat posed by at least 10 nations suspected of having weaponized anthrax.

The Defense Department received unequivocal evidence in 1997 that Iraq had weaponized anthrax, Hamre said. Anyone in the U.S. Central Command's theater of operations is especially at risk, and the anthrax vaccine is as necessary for force protection as a flak jacket or a helmet, he said. "If you don't get inoculated, you're going to die," he said. Weapons-grade anthrax is as deadly as the Ebola virus and virtually always fatal if inhaled. Anthrax normally is a livestock disease transmitted to humans by skin contact and though dangerous is not usually fatal if treated in time.

The DoD vaccine is the same one licensed in 1970 by the U.S. Food and Drug Administration and used ever since by the U.S. livestock industry. Internet misinformation and rumormongering about the vaccine has alarmed some service members, Hamre said.

"I would admit we have not done a good enough job explaining to all of the people at home," he said. Emphasis was put on education of service members in Central Command, where the threat was the most urgent, he said.

The deputy noted that the Pentagon's top leaders, including himself, Defense Secretary William S. Cohen and other top Pentagon leaders including every service chief, service secretary and commander in chief have all taken the shots.

"I am not going to ask a soldier to put something in his arm if I'm not prepared to take it first," Hamre said. Zinni acknowledged that anthrax vaccinations are voluntary among allied and coalition forces, but he rejected a voluntary program for the United States. "On battlefields, we overwhelm our medical capability," he said. "If we accept voluntary inoculation, I accept additional casualties."

As a commander, Zinni said, he would not place U.S. forces in a position where they would be reliant on unvaccinated coalition forces. "I think I would make that promise to any American, mother, father or leader of this country," he said.

Blanck reported that the vaccination program as of Sept. 30 had immunized more than 340,000 personnel, including 27,000 guardsmen and reservists. Very few of those personnel have experienced significant and serious side effects, he said, and the numbers are consistent with the results of extensive safety studies done over the years in humans.

The anthrax vaccine is a biological product -- as are the vaccines used for the seven other required immunizations

troops receive, he said. "That means when they're injected, there are often local side effects that include tenderness, soreness, redness, a lump at the site, fever, muscle aches and pains," he explained. The effects are mild and go away on their own, he said.

Blanck said 72 cases of serious side effects have been reported that required hospitalization or missed duty for greater than a day. Of those cases, FDA and Department of Health and Human Services officials could attribute only 55 to the anthrax vaccine, he said, and all 55 service members involved have returned to full duty.

The surgeon general noted that there are no known long-term health consequences to the vaccine, which can counter more than 30 anthrax strains. About 500 employees at the Army's Medical Research and Materiel Command at Fort Detrick, Md., have received the vaccine since the 1970s and have evidenced no signs of illness related to the vaccine, he pointed out.

Blanck attributed problems in some units to a lack of education. "In those organizations," he said, "the command information program to get the soldiers and the troopers the exact facts of the situation has not been what it should be." He stressed that commanders' total involvement is called for in educating service members about the threat and the vaccine.

As a physician, Blanck concluded, the bottom line is very clear. "If we're attacked with this agent and we have a force that's vaccinated and protected, our Soldiers, Sailors, Airmen and Marines will largely survive. If they're not vaccinated, they will inevitably die."

Gen. John Keane, Army vice chief of staff, who accompanied Hamre, said the threat of exposure to U.S. forces is real, and he believes the vaccine is safe and effective.

"We have a moral obligation to do everything in our power to protect our troops from the anthrax threat," he said.

"Despite reports to the contrary, results so far have been overwhelmingly positive. We have very few refusals, by comparison, to the number of troops that we have inoculated."

Although the military does not specifically track the number of refusals, Keane said, they are ultimately gleaned from military justice channels. Service members who refuse the shots first go through education and counseling to ensure they know all the facts and are making an informed decision. If they still refuse, the commander can then impose nonjudicial punishment, separation from the service or court-martial.

Keane said there have been few courts-martial, and all have convened at the service members' insistence on a trial.

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Headline: Robot serves 4 million prescriptions at San Diego pharmacy

By Doug Sayers, Naval Medical Center San Diego

San Diego -- Since 1994 the Naval Medical Center San Diego's pharmacy has filled more than 3 million prescription refills using what was once a state of the art robot to automatically put pills in bottles. This automation allowed personnel to work the counters and perform other duties. And with the four million milestone for filling prescriptions fast approaching, the hardworking robot is about through. But because Balboa's pharmacy is one of the military's busiest and the numbers are likely to continue growing, a new robot is expected in February or March. The incoming robot is cutting edge technology that will do more in less time and with fewer problems.

"This year alone we've filled over one million prescriptions and refilled nearly half a million," said Cmdr. Muying Dow, MSC, assistant pharmacy department head. "That's a 10 percent increase over last year."

"Our current robot is old and tired and needs a lot of mechanical attention," said Dow. "Our customers want prescriptions filled quickly and easily and with the new robot we can get them in, get their medications and get them home faster."

Capt. Roger Hirsh, pharmacy department head, said, "We've got 30 percent fewer people working in the pharmacy and an ever increasing demand for prescription fills. Every day we explore ways to improve service."

"Our best answer is to speed up the process, serving more customers in less time, and the automation provided by the new robot will do exactly that."

There will be some minor service impacts as the old robot is taken out of service and the new robot brought on line. The changeover should be relatively transparent, according to Hirsh. As the transition date nears, the pharmacy will provide update information to the customers.

Even as automation brings change, through faster prescription fills and improved accuracy, one thing will never change and that is the ongoing efforts by the pharmacy to provide the best customer service.

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Headline: Ford deploys to Western Pacific with 100 percent dental readiness
From Branch Dental Clinic Everett

BREMERTON, Wash - The Dental Corps' contribution to Fleet readiness was emphasized when the USS Ford (FFO 54) left Naval Station Everett, Wash., Sept. 20 with its crew certified at 100 percent Operational Dental Readiness (ODR). As the Ford and its 200-person crew headed for a six-month Western Pacific cruise, the chances of someone developing a significant dental emergency requiring a medical evacuation or a change in the operational schedule have been reduced tremendously. This is one less thing the crew has to worry about during their hectic operational schedule.

To achieve this level of ODR during the last three months of a strenuous pre-deployment work-up required a total team effort between the ship and the supporting Branch Dental Clinic (BDC) at Naval Station Everett, because the Ford has no dentist or dental technicians.

Members of the ship's Medical Department: Hospital Corpsman First Class Sean Cramer, Hospital Corpsman Third Class, Sean O'Reilly and Hospital Corpsman Joshua Jones coordinated with BDC Everett's Fleet Liaison Petty Officer, Dental Technician Second Class Lionel Espinoza, reviewing the scheduling of dental exams and appointments. The staff of BDC Everett did not stop there, they even scheduled oral surgery support from the BDC at Submarine Base Bangor, Wash., to handle impacted wisdom teeth cases on the Ford.

The benefits of teamwork, so often talked about, was illustrated and proven by the closely coordinated teamwork of the Ford's crew and the staff of BDC Everett, who together helped certify a ship of the line's crew 100 percent operationally dental ready for deployment.

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Headline: Branch Medical Clinic Cecil Field closes
By Bob Hines, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville's Branch Medical Clinic Cecil Field completed its service to the "Tail Hook" Navy and closed last month on the last day of Navy ownership before it and all Naval Air Station Cecil Field facilities were turned over to the city of Jacksonville.

NAS Cecil Field was identified by the Base Realignment and Closure Committee to close and although the formal closing ceremony was held earlier in September, all Navy presence ended on September 17, when the city of Jacksonville took control of the base.

The Cecil Field medical clinic had a long history of caring for tailhookers, those Sailors attached to units that regularly deployed on aircraft carriers. Naval aviation has always been a risky profession and it was particularly so in the 1940s. The intense training of Naval aviators then resulted in periodic training crashes and the base's medical department was always ready.

Cecil Field, known as "the piney woods west of Jacksonville" was designated as a Master Jet Base in 1952. In the late 1950's a tremendous amount of growth occurred including the opening of on base family housing and a stand-alone dispensary.

In the early 1990's, the clinic had a staff of about 106 including flight surgeons, squadron corpsmen, military and civilian physicians, among others. In 1995, the year Cecil Field was selected for closure, the eligible patient population was 29,113 and during that year there were 42,402 patient visits.

During Cecil Field's 49 years of service, base aviation

units including medical support have served in the Korean War, the Cuban Missile Crisis, the Vietnam Conflict, Operations Desert Shield and Desert Storm, Provide Comfort, Deny Flight and the recent operations in both the Persian Gulf and the Balkans. Several of the clinic's staff members just completed a six-month deployment to Haiti with Fleet Hospital Jacksonville.

In its final stage of closure Branch Medical Clinic Cecil Field had 15 dedicated military and civilian personnel onboard. They not only continued medical support to the base beyond the official flag lowering ceremony on September 10, but they also dismantled and moved all equipment and furniture from the building.

Branch Medical Clinic Cecil Field and Naval Air Station Cecil Field are now closed, but they will never be forgotten by the thousands of men and women that served in the medical clinic and aviation units.

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Headline: Program helps hospital corpsmen retain skills
By JOSN Cherri Boggs, National Naval Medical Center Bethesda

BETHESDA. Md. -- Hospital corpsmen have a demanding job that requires qualification in a variety of skills. At each duty station, hospital corpsmen must have the opportunity to practice their skills to maintain their medical readiness.

At some duty stations, however, there is not always an opportunity to practice hospital corpsman skills at a level and consistency demanded by their rate and rating. Therefore, when hospital corpsmen reported to their next command, they could be deficient in a number of skills. Such was the case for hospital corpsmen assigned to Walter Reed Army Medical Center.

Hospital Corpsmen at Walter Reed, routinely assigned to the Neurosurgery/Orthopedics, Pediatric and Psychiatric wards, work alongside Army medics whose scope of practice is more narrow. Hospital Corpsmen perform the same tasks as army medics, but that only allows them to meet the requirements at Walter Reed, not the requirements of the Navy. To ensure hospital corpsmen keep their skills, the Corpsmen Initiative Program was created.

Through the Corpsmen Initiative Program, which began October 4, hospital corpsmen at Walter Reed Army Medical Center will now perform all of the tasks that are required by the Bureau of Medicine and Surgery. They will be able to perform at the same level as their fellow hospital corpsmen throughout the fleet. This is something that the hospital corpsmen at Walter Reed have been looking forward to.

"I'm looking forward to more patient contact," said Hospital Corpsman Kong B. Im, who is assigned to the Pediatrics ward at Walter Reed. "I'm excited about doing everything I went to school for."

The program was initiated by the Navy Nursing Liaison Office at Walter Reed. Chief Petty Officer Michel Shoulberg of that office said the program will encourage more hospital

corpsmen to come to Walter Reed.

"We've established the fact that [hospital] corpsmen can work in any dual environment," said Shoulberg. "We wanted to make this change so that other [hospital] corpsmen working in other facilities can also benefit."

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Headline: NEPMU-7 hosts biological terrorism defense conference

By Lt.j.g. Darron K. Patton, MSC, Navy Environmental and Preventive Medicine Unit 7

SIGONELLA, Italy -- U.S. Navy Environmental and Preventive Medicine Unit 7 (NEPMU-7) hosted a precedent-setting conference of military and civilian experts in medical and emergency contingency planning.

The purpose of the conference was to develop a comprehensive draft plan for coordinating the U.S. European Command's (EUCOM) medical response to biological weapon use. This draft plan will later serve as a guide for additional Department of Defense contingency planning in biological warfare/biological terrorist (BW/BT) events.

Master Chief Hospital Corpsman Randall P.Shetzler, a senior medical planner assigned to U.S. Navy Europe's Command Surgeon's Office said, "It's a good chance to share ideas between services since we're all involved in this." He said that such planning makes certain that "We'll be ready to react without panicking when an incident happens." The working group demonstrated a good deal of consensus in their discussion of issues. Numerous timely BW/BT issues were addressed, including outbreak investigation, global and theater disease surveillance, detection and laboratory analysis of BW agents, decontamination and medical logistics, among other topics.

NEPMU-7 and its parent command, Naval Environmental Health Center, have improved integration of medical assets into current biological terrorism defense planning.

In addition to the planning conference, NEPMU-7 simultaneously hosted two classes in medical management of chemical, biological, radiological and environmental (CBRE) casualties. The first course was a three-day program designed to train physicians, nurses, physician's assistants and selected corpsmen in the clinical aspects of managing CBRE victims. The second course was for one day. It was developed primarily for Navy medical planners to familiarize them with the logistical and tactical requirements for dealing with these agents.

Sgt. Kent Galindo, veterinary food inspection specialist, Southern Europe Veterinary Detachment - Central Mediterranean Branch (Sigonella), who attended the clinical course said, "Previous CBR training I have attended has focused on the combat environment and reactions of military personnel to attacks. This training shifted focus to medical responses, examined civilians and non-combatants in these situations and pointed out the potential for terrorist

use of biological weapons."

The Navy Medical Department has a responsibility to sustain the health of our nation's naval forces. One hazard of particular concern is the risk posed by CBRE agents. As this conference and course demonstrated, the Navy medical department accomplishes its mission not only by treating disease and injury, but by teaching Sailors and Marines how to protect themselves.

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Headline: Great Lakes hosts BUMED's top reservist

By Lt. Youssef Aboul-Enein, MSC, Naval Hospital Great Lakes
Mike Molina, Naval Recruit Training Command Great Lakes

GREAT LAKES, Ill. -- Demonstrating the importance of reserve support to Navy Medicine and in particular to operations involving recruit healthcare in Great Lakes, Rear Adm. Paul Quinn, MC, Bureau of Medicine and Surgery assistant chief for reserve force integration recently visited medical facilities at Great Lakes Naval Training Center and addressed the graduating class of Navy Hospital Corps School. "The opportunities you have in today's Navy have never been better," Quinn told the new hospital corpsmen.

The Admiral challenged these new additions to Navy Medicine to seize every opportunity to excel and emphasized that their graduation from Naval Hospital Corps School is just the beginning of a life dedicated to serving others in times of crises and in times of peace. Quinn witnessed the flawless integration of active and reserve components during the annual summer surge to provide healthcare to thousands of recruits being processed.

"Reserve medical support plays a vital role each year during the surge by augmenting manpower assets for this critical platform," said Lt.Cmdr. JoAnn Critelli, NC, Naval Hospital Great Lakes reserve liaison officer.

Quinn toured USS Red Rover Branch Medical Clinic where he saw the initial entry point for recruits and then visited the USS Tranquility Branch Medical Clinic, where recruits in training receive their healthcare.

"Great Lakes Naval Hospital is committed to a culture of excellence. Total Force Integration at this command is achieved through collaborative relationships between active and reserve components to effectively utilize all resources and maximize readiness," said Capt. Raymond Swisher, MSC, Naval Hospital Great Lakes executive officer. "We provide a means for reservists to keep their medical and military skills sharp and to fulfill their drill requirements, while we benefit from much needed medical support during the summer months from July to October."

This relationship between active duty and reserves allow Naval Hospital Great Lakes to process an average of 54,000 recruits a year.

"Great Lakes Naval Hospital has a big job to do and they're doing it very well, capitalizing on all available

resources," said Quinn.

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Headline: New TRICARE centers open In Tidewater area
By JO2 Duke Richardson, Naval Medical Center Portsmouth

PORTSMOUTH, Va. -- Members of the TRICARE plan recently had two new doors of health care opened for them.

The two new locations, Chesapeake and Virginia Beach, Va., offer TRICARE members the option of using local centers for health care. Instead of having to make a trip to a hospital to receive treatment for ailments, which for many members could be a long drive, they can now go to one of the branch facilities in their area.

The availability of the new centers is a step in the right direction, said Rep. Owen B. Pickett, representative from the Second District of Virginia. He said military medicine has come far since he first ran for office 13 years ago.

"We must ensure that we are providing not only access and quality care, but the psychological component that makes patients comfortable in their health care environment," he said.

Rear Adm. Marion Balsam, MC, Naval Medical Center Portsmouth commanding officer, had nothing but praise for the facilities after viewing one of the newly opened centers.

"This is a beautiful facility," she said. "It represents a clear quality of life enhancement for our military health care beneficiaries."

Pickett was not the only congressman present for the openings. Rep. Norman Sisisky, who represents Virginia's Fourth District, also had words of praise. "This is certainly a great day for Navy Medicine," he said. "The building of health care facilities like this one to supplement major facilities is definitely a step in the right direction for providing great medical service for TRICARE members."

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Headline: Military Health System completes end-to-end testing
From Office of the Assistant Secretary of Defense

WASHINGTON -- The Department of Defense announced October 5 the successful completion of Y2K end-to-end testing of each of the primary areas in the Military Health System: patient care, patient administration and medical logistics. Testing for medical logistics was completed Sept. 30, with a final success rate of 100 percent. Evaluators administered more than 500 test transactions. End-to-end testing for the other two areas, patient administration and patient care with over 8,500 transactions, was completed July 9 with the same results.

"The successful results from these tests validate the tremendous efforts we have taken to prepare for Y2K," said

Dr. Sue Bailey, assistant secretary of defense for Health Affairs. "These results underscore confidence in our ability to continue the delivery of quality healthcare services irrespective of Y2K."

To ensure the validity of the testing procedures, the Department of Defense Inspector General and the General Accounting Office provided independent oversight of the testing.

End-to-end tests are designed to ensure seamless operations between interconnected computerized systems during year 2000 date changes. The Military Health System conducted these tests on clusters of systems critical to the delivery of high quality health care. Functions within each of the tested areas were evaluated to guarantee normal operations during several date transitions, such as the fiscal year change (Oct. 1, 1999), calendar year, and leap year (Feb. 29, 2000).

Managed care support contractors and medical supply vendors also participated in the end-to-end testing. Their participation was crucial to ensuring that certain MHS systems would continue to work in conjunction with the contractors' systems.

Simulations included enrolling patients in TRICARE, checking beneficiary eligibility, accessing computerized medical information, verifying immunization data, and processing patients' claims. Testing included some non-MHS systems that are important to beneficiary transactions, such as the Defense Enrollment Eligibility Reporting System (DEERS).

"Providing quality patient care is our highest priority and I am proud of the proactive approach our people have taken to ensure that the Military Health System is ready for the new millennium," said Bailey. "The department is in the forefront of the healthcare industry in its preparations for the year 2000."

More information on the Military Health System's Y2K efforts is available at www.tricare.osd.mil/y2k.

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Headline: Anthrax question and answer

From Bureau of Medicine and Surgery

Q: Will one injection of the anthrax vaccine protect me for life?

A: No. Annual booster shots are required to maintain immunity after the initial six-shot series.

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Headline: TRICARE question and answer

From TRICARE Management Activity

Question: My husband is an E-4. I need to see an obstetrician specialist for my pregnancy, but I've been told that the military doesn't have one. I don't know what coverage I have, and I don't know who to ask. I know I need prenatal care, but I've been told that if I see a military

doctor, I will have to deliver in a military hospital or pay for all my maternity care myself. We can't afford that. The military hospital won't see me because I'm not under TRICARE Prime. We can't afford Prime because the premiums are too high. My friends say it is useless to ask the military hospital for help because its people won't know anything about TRICARE, and the hospital will just tell me it's my problem. What can I do?

Answer: Your friends are giving you misinformation and bad advice. The military hospital is a good place to get information and advice concerning your medical care, including TRICARE.

There is no premium charged for TRICARE Prime. The family of an active-duty member pays nothing for outpatient care provided in a Military Treatment Facility.

As a TRICARE Prime member and wife of an active-duty serviceman, you are first in line, behind active-duty members, to get care at your military hospital or clinic. But even if you are referred to a civilian doctor, it only costs \$6 per visit. (The fee is \$12 if the sponsor is retired or in pay grade E-5 or above.)

Your friends are correct in that if you live near a military hospital you may be required to deliver there. But that is only if the military hospital can provide appropriate maternity care. If it has no obstetricians, and if it cannot provide the care you need, you will be referred for civilian care. In that case, your total cost for maternity care, including delivery, will be minimal, usually about \$25.

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Headline: Healthwatch: DoD follows national guidelines to help substance abusers

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- As much as possible, DoD follows nationally established health care guidelines for treating substance abusers.

What is substance abuse and who are abusers in DoD depends on the substance and the abuser, even in the health care arena where a patient is a patient and sickness is sickness. For instance, service members come under strict, zero-tolerance regulations for illicit drug use, but DoD's approach is more lenient toward alcohol. Retirees and family members eligible for DoD health care benefits aren't necessarily subject to the same regulations.

Drug abuse among service members isn't tolerated but it's also not a large problem because of screening programs and a general consensus among commanders and troops that drug use is incompatible with military service. Respondents to a tri-annual worldwide health behavior survey last year indicated less than two percent of active duty service members use illicit drugs.

Alcohol abuse is a different story, and health officials are specifically concerned about binge drinking among the

youngest enlisted members.

DoD has joined other government and business organizations nationwide in recognizing September as National Alcohol and Drug Addiction Recovery Month. The theme of this year's observance, "Addiction Treatment: Investing in People for Business Success," coincides with DoD downsizing and the need to retain a skilled work force, said John Mazzuchi, deputy assistant secretary of defense for health affairs clinical and program policy.

"Human resources are precious. If you have somebody who is in trouble with substance abuse -- for active duty military, alcohol abuse -- it is well worth getting that person treatment," Mazzuchi said. "Alcoholism responds well to treatment, especially if there's a good support system. We've had outstanding success in our programs. We have recovering alcoholics, people who have gone through our programs, who have gone on to be successful, including physicians, pilots and soldiers in all the branches of service."

DoD follows the guidelines of the American Society of Addiction Medicine to treat substance abusers. Depending on the level of abuse or addiction, treatment may be provided in a controlled, inpatient facility or through intensive outpatient programs.

Although DoD and Uniform Code of Military Justice are unequivocal concerning drug abuse by service members, they send a cloudier message about alcohol abuse, Mazzuchi said. "Yes, alcohol is a legal substance, but I think it's a mistake to treat it as less serious than we do other substances," he said. "It's only legal if you're of legal drinking age, and in most states, that's 21. Yet, our recent survey shows that about 19 percent of our youngest uniformed personnel drink excessively."

"That has, in the past, not caused the department to be quite as concerned as about illicit substances. I think we need to be concerned. We have to be careful how we address it, but we must address it."

Following the lead of college fraternities, which are beginning to take binge drinking seriously, DoD health care leaders met recently with the Research Society on Alcoholism and the National Institute on Alcohol Abuse and Alcoholism. Mazzuchi hopes the NIAAA will bid on upcoming contracts to help DoD develop effective strategies to deal with teen-age drinking.

The overriding concern of DoD health care providers is to restore abusers and addicts to good health. That includes alcohol abusers among the active duty population and drug or alcohol abusers among family members and retirees. Mental health programs in all the services are now available through TRICARE-provided treatment programs. DoD civilians also can get help through most plans under the Federal Employees Health Benefits Program.

If abusers don't identify themselves for treatment, then family members, friends or co-workers may have to intervene,

Mazzuchi said.

"The problems don't get better by themselves," he said.

"The smartest thing to do is first seek assistance from a mental health professional and then set up an intervention. There are ways of doing interventions successfully that trained people know how to do."

Mazzuchi said workplaces may be the last place substance abuse is recognized. Nationally, 70 percent of drug abusers and 80 percent of alcohol abusers hold down good jobs, he said. A corollary is that supervisors can use the threat of job loss as an incentive to get a person into treatment, he said.

"Make it a condition of employment to seek help," he said. "You have a better chance of helping somebody who has a job that he or she wants to hang on to."

"Anyone who thinks they have a loved one or work associate who may be abusing alcohol or drugs should get guidance from a mental health counselor on what to do next," Mazzuchi said. "There's hope, but there's not much hope by ignoring it."

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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